

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF MISSISSIPPI

Case number (*if known*)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Pioneer Health Services, Inc.</u>		
2. All other names debtor used in the last 8 years	<p>Include any assumed names, trade names and doing business as names</p> <hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>72-1366734</u>		
4. Debtor's address	<p>Principal place of business</p> <p><u>110 Pioneer Way</u> <u>Magee, MS 39111</u> Number, Street, City, State & ZIP Code</p> <p><u>Simpson</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p><u>P.O. Box 1100</u> <u>Magee, MS 39111</u> P.O. Box, Number, Street, City, State & ZIP Code</p>	<p>Location of principal assets, if different from principal place of business</p> <p>Number, Street, City, State & ZIP Code</p>
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership <input type="checkbox"/> Other. Specify: _____		

Debtor **Pioneer Health Services, Inc.**
Name _____

Case number (*if known*) _____

7. Describe debtor's business A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. *Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	See Attachment _____	Relationship to you _____
District _____	When _____	Case number, if known _____

Debtor Pioneer Health Services, Inc.
Name _____

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49

1,000-5,000

25,001-50,000

50-99

5001-10,000

50,001-100,000

100-199

10,001-25,000

More than 100,000

200-999

15. Estimated Assets

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

\$50,001 - \$100,000

\$10,000,001 - \$50 million

\$1,000,000,001 - \$10 billion

\$100,001 - \$500,000

\$50,000,001 - \$100 million

\$10,000,000,001 - \$50 billion

\$500,001 - \$1 million

\$100,000,001 - \$500 million

More than \$50 billion

16. Estimated Liabilities

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

\$50,001 - \$100,000

\$10,000,001 - \$50 million

\$1,000,000,001 - \$10 billion

\$100,001 - \$500,000

\$50,000,001 - \$100 million

\$10,000,000,001 - \$50 billion

\$500,001 - \$1 million

\$100,000,001 - \$500 million

More than \$50 billion

Debtor Pioneer Health Services, Inc.
Name _____

Case number (*if known*) _____

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 30, 2016
MM / DD / YYYY

/s/ Joseph S. McNulty III

Signature of authorized representative of debtor

Joseph S. McNulty III

Printed name

Title President

18. Signature of attorney

/s/ Craig M. Geno

Signature of attorney for debtor

Date March 30, 2016

MM / DD / YYYY

Craig M. Geno

Printed name

Law Offices of Craig M. Geno, PLLC

Firm name

587 Highland Colony Parkway

Ridgeland, MS 39157

Number, Street, City, State & ZIP Code

Contact phone 601-427-0048

Email address _____

4793

Bar number and State

Debtor Pioneer Health Services, Inc.
Name _____

Case number (*if known*) _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF MISSISSIPPI

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FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	<u>Medicomp, Inc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of Choctaw Co, LLC dba Pioneer Comm. etc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of Monroe Co., Inc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of New County, LLC dba Pioneer Comm. etc</u>	Relationship to you	<u>Affiliate of the Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of Oneida, LLC dba Pioneer Comm. Hosp. etc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of Patrick County, Inc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known
Debtor	<u>Pioneer Health Services of Stokes Co., Inc. dba Pioneer Comm. etc.</u>	Relationship to you	<u>Affiliate of Debtor</u>
District	<u>Southern District of Mississippi</u>	When <u>3/30/16</u>	Case number, if known